

§4.116

38 CFR Ch. I (7–1–19 Edition)

	Rating
<p><b>Note</b>—The 100 percent evaluation shall be assigned as of the date of hospital admission for transplant surgery and shall continue with a mandatory VA examination one year following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.</p> <p>7532 Renal tubular disorders (such as renal glycosurias, aminoacidurias, renal tubular acidosis, Fanconi's syndrome, Bartter's syndrome, related disorders of Henle's loop and proximal or distal nephron function, etc.):</p> <p>Minimum rating for symptomatic condition ..... Or rate as renal dysfunction.</p> <p>7533 Cystic diseases of the kidneys (polycystic disease, uremic medullary cystic disease, Medullary sponge kidney, and similar conditions):</p> <p>Rate as renal dysfunction.</p> <p>7534 Atherosclerotic renal disease (renal artery stenosis or atheroembolic renal disease):</p> <p>Rate as renal dysfunction.</p> <p>7535 Toxic nephropathy (antibiotics, radiocontrast agents, nonsteroidal anti-inflammatory agents, heavy metals, and similar agents):</p> <p>Rate as renal dysfunction.</p> <p>7536 Glomerulonephritis:</p> <p>Rate as renal dysfunction.</p> <p>7537 Interstitial nephritis:</p> <p>Rate as renal dysfunction.</p> <p>7538 Papillary necrosis:</p> <p>Rate as renal dysfunction.</p> <p>7539 Renal amyloid disease:</p> <p>Rate as renal dysfunction.</p> <p>7540 Disseminated intravascular coagulation with renal cortical necrosis:</p> <p>Rate as renal dysfunction.</p> <p>7541 Renal involvement in diabetes mellitus, sickle cell anemia, systemic lupus erythematosus, vasculitis, or other systemic disease processes.</p> <p>Rate as renal dysfunction.</p> <p>7542 Neurogenic bladder:</p> <p>Rate as voiding dysfunction.</p>	20

<sup>1</sup> Review for entitlement to special monthly compensation under § 3.350 of this chapter.

[59 FR 2527, Jan. 18, 1994; 59 FR 14567, Mar. 29, 1994, as amended at 59 FR 46339, Sept. 8, 1994]

GYNECOLOGICAL CONDITIONS AND  
DISORDERS OF THE BREAST

§4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

	Rating
<p><b>Note 1:</b> Natural menopause, primary amenorrhea, and pregnancy and childbirth are not disabilities for rating purposes. Chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes.</p> <p><b>Note 2:</b> When evaluating any claim involving loss or loss of use of one or more creative organs or anatomical loss of one or both breasts, refer to § 3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, almost any condition in this section might, under certain circumstances, establish entitlement to special monthly compensation.</p> <p>7610 Vulva or clitoris, disease or injury of (including vulvovaginitis)</p> <p>7611 Vagina, disease or injury of.</p> <p>7612 Cervix, disease or injury of.</p> <p>7613 Uterus, disease, injury, or adhesions of.</p> <p>7614 Fallopian tube, disease, injury, or adhesions of (including pelvic inflammatory disease (PID)).</p> <p>7615 Ovary, disease, injury, or adhesions of.</p> <p>General Rating Formula for Disease, Injury, or Adhesions of Female Reproductive Organs (diagnostic codes 7610 through 7615):</p> <p>Symptoms not controlled by continuous treatment ..... 30</p> <p>Symptoms that require continuous treatment ..... 10</p> <p>Symptoms that do not require continuous treatment ..... 0</p> <p><b>Note:</b> For the purpose of VA disability evaluation, a disease, injury, or adhesions of the ovaries resulting in ovarian dysfunction affecting the menstrual cycle, such as dysmenorrhea and secondary amenorrhea, shall be rated under diagnostic code 7615</p> <p>7617 Uterus and both ovaries, removal of, complete:</p> <p>For three months after removal ..... <sup>1</sup> 100</p> <p>Thereafter ..... <sup>1</sup> 50</p> <p>7618 Uterus, removal of, including corpus:</p> <p>For three months after removal ..... <sup>1</sup> 100</p> <p>Thereafter ..... <sup>1</sup> 30</p> <p>7619 Ovary, removal of:</p> <p>For three months after removal ..... <sup>1</sup> 100</p> <p>Thereafter:</p> <p>Complete removal of both ovaries ..... <sup>1</sup> 30</p> <p>Removal of one with or without partial removal of the other ..... <sup>1</sup> 0</p> <p><b>Note:</b> In cases of the removal of one ovary as the result of a service-connected injury or disease, with the absence or non-functioning of a second ovary unrelated to service, an evaluation of 30 percent will be assigned for the service-connected ovarian loss</p> <p>7620 Ovaries, atrophy of both, complete ..... <sup>1</sup> 20</p>	

Department of Veterans Affairs

§4.116

	Rating		Rating
7621 Complete or incomplete pelvic organ prolapse due to injury, disease, or surgical complications of pregnancy .....	10	(4) <i>Wide local excision</i> (including partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue..	
<b>Note:</b> Pelvic organ prolapse occurs when a pelvic organ such as bladder, urethra, uterus, vagina, small bowel, or rectum drops (prolapse) from its normal place in the abdomen. Conditions associated with pelvic organ prolapse include: uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or any combination thereof. Evaluate pelvic organ prolapse under DC 7621. Evaluate separately any genitourinary, digestive, or skin symptoms under the appropriate diagnostic code(s) and combine all evaluations with the 10 percent evaluation under DC 7621		7627 Malignant neoplasms of gynecological system .....	100
7624 Fistula, rectovaginal:		<b>Note:</b> A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appropriate diagnostic code(s) within the appropriate body system	
Vaginal fecal leakage at least once a day requiring wearing of pad .....	100	7628 Benign neoplasms of gynecological system. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appropriate diagnostic code(s) within the appropriate body system	
Vaginal fecal leakage four or more times per week, but less than daily, requiring wearing of pad .....	60	7629 Endometriosis:	
Vaginal fecal leakage one to three times per week requiring wearing of pad .....	30	Lesions involving bowel or bladder confirmed by laparoscopy, pelvic pain or heavy or irregular bleeding not controlled by treatment, and bowel or bladder symptoms .....	50
Vaginal fecal leakage less than once a week .....	10	Pelvic pain or heavy or irregular bleeding not controlled by treatment .....	30
Without leakage .....	0	Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control	10
7625 Fistula, urethrovaginal:		<b>Note:</b> Diagnosis of endometriosis must be substantiated by laparoscopy.	
Multiple urethrovaginal fistulae .....	100	7630 Malignant neoplasms of the breast .....	100
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times per day .....	60	<b>Note:</b> A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. Rate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626	
Requiring the wearing of absorbent materials which must be changed two to four times per day .....	40	7631 Benign neoplasms of the breast and other injuries of the breast. Rate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626	
Requiring the wearing of absorbent materials which must be changed less than two times per day .....	20	7632 Female sexual arousal disorder (FSAD) .....	10
7626 Breast, surgery of:			
Following radical mastectomy:			
Both .....	180		
One .....	150		
Following modified radical mastectomy:			
Both .....	160		
One .....	140		
Following simple mastectomy or wide local excision with significant alteration of size or form:			
Both .....	150		
One .....	130		
Following wide local excision without significant alteration of size or form:			
Both or one .....	0		
<b>Note:</b> For VA purposes:			
(1) <i>Radical mastectomy</i> means removal of the entire breast, underlying pectoral muscles, and regional lymph nodes up to the coracoclavicular ligament..			
(2) <i>Modified radical mastectomy</i> means removal of the entire breast and axillary lymph nodes (in continuity with the breast). Pectoral muscles are left intact..			
(3) <i>Simple (or total) mastectomy</i> means removal of all of the breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and muscles are left intact..			

<sup>1</sup>Review for entitlement to special monthly compensation under §3.350 of this chapter.

## §4.117

## 38 CFR Ch. I (7–1–19 Edition)

(Authority: 38 U.S.C. 1155)

[60 FR 19855, Apr. 21, 1995, as amended at 67 FR 6874, Feb. 14, 2002; 67 FR 37695, May 30, 2002; 83 FR 15071, Apr. 9, 2018]

### THE HEMATOLOGIC AND LYMPHATIC SYSTEMS

#### §4.117 Schedule of ratings—hemic and lymphatic systems.

	Rating
7702 Agranulocytosis, acquired:	
Requiring bone marrow transplant; or infections recurring, on average, at least once every six weeks per 12-month period .....	100
Requiring intermittent myeloid growth factors (granulocyte colony-stimulating factor (G-CSF) or granulocyte-macrophage colony-stimulating factor (GM-CSF) or continuous immunosuppressive therapy such as cyclosporine to maintain absolute neutrophil count (ANC) greater than 500/microliter (μl) but less than 1000/μl; or infections recurring, on average, at least once every three months per 12-month period .....	60
Requiring intermittent myeloid growth factors to maintain ANC greater than 1000/μl; or infections recurring, on average, at least once per 12-month period but less than once every three months per 12-month period .....	30
Requiring continuous medication (e.g., antibiotics) for control; or requiring intermittent use of a myeloid growth factor to maintain ANC greater than or equal to 1500/μl .....	10
<b>Note:</b> A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.	
7703 Leukemia (except for chronic myelogenous leukemia):	
When there is active disease or during a treatment phase .....	100
Otherwise rate residuals under the appropriate diagnostic code(s).	
Chronic lymphocytic leukemia or monoclonal B-cell lymphocytosis (MBL), asymptomatic, Rai Stage 0 .....	0
<b>Note (1):</b> A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no recurrence, rate on residuals	
<b>Note (2):</b> Evaluate symptomatic chronic lymphocytic leukemia that is at Rai Stage I, II, III, or IV the same as any other leukemia evaluated under this diagnostic code	
<b>Note (3):</b> Evaluate residuals of leukemia or leukemia therapy under the appropriate diagnostic code(s).	
Myeloproliferative Disorders: (Diagnostic Codes 7704, 7718, 7719)	

	Rating
7704 Polycythemia vera:	
Requiring peripheral blood or bone marrow stem-cell transplant or chemotherapy (including myelosuppressants) for the purpose of ameliorating the symptom burden .....	100
Requiring phlebotomy 6 or more times per 12-month period or molecularly targeted therapy for the purpose of controlling RBC count .....	60
Requiring phlebotomy 4–5 times per 12-month period, or if requiring continuous biologic therapy or myelosuppressive agents, to include interferon, to maintain platelets <200,000 or white blood cells (WBC) <12,000 .....	30
Requiring phlebotomy 3 or fewer times per 12-month period or if requiring biologic therapy or interferon on an intermittent basis as needed to maintain all blood values at reference range levels .....	10
<b>Note (1):</b> Rate complications such as hypertension, gout, stroke, or thrombotic disease separately	
<b>Note (2):</b> If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703	
<b>Note (3):</b> A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter	
7705 Immune thrombocytopenia:	
Requiring chemotherapy for chronic refractory thrombocytopenia; or a platelet count 30,000 or below despite treatment .....	100
Requiring immunosuppressive therapy; or for a platelet count higher than 30,000 but not higher than 50,000, with history of hospitalization because of severe bleeding requiring intravenous immune globulin, high-dose parenteral corticosteroids, and platelet transfusions .....	70
Platelet count higher than 30,000 but not higher than 50,000, with either immune thrombocytopenia or mild mucous membrane bleeding which requires oral corticosteroid therapy or intravenous immune globulin .....	30
Platelet count higher than 30,000 but not higher than 50,000, not requiring treatment .....	10
Platelet count above 50,000 and asymptomatic; or for immune thrombocytopenia in remission .....	0
<b>Note (1):</b> Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under this diagnostic code	
<b>Note (2):</b> A 100 percent evaluation shall continue beyond the cessation of chemotherapy. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter	
7706 Splenectomy .....	20